' Avuilable Copy

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10064859

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN	
TOTAL CLAIMS			45					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			45 minus 20=		. 25			X\$ 9=		OR	X\$18=	450
INDEPENDENT CLAIMS			3 minus 3 =		* 6'			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, er					"0" in c	olumn 2	,	TOTAL		OR	TOTAL	1190
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
(Column 1)			(Colur			(Column 3)		SIVIALL		OR I I	SIVIALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		Ξ	$] \mid$	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	ENDEN	CLAIM		J	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
(0.1								ADDIT. FEE		10,,	ADDIT. FEE	
		(Column 1) CLAIMS		(Colui		(Column 3) T	ጎ 1		ADDI-	l	r —	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		ٍ ل	+140=		OR	+280=	
								TOTAL		1	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
_		(Column 1)			mn 2) HEST	(Column 3)	4.					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=		OR	X84=	
[FIRST PRESE	ULTIPLE DEPENDEN		T CLAIM		[
	16 tha anto-sia and	ma 4 ia lees the - t	ha anter in e-t-	ma 3 west	a "O" in a	olumo 3		+140=		OR	+280=	ļ
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Nun	nber Previously Pa	id For" (Total o	or Independ	dent) is th	e highest numb	ber fo	und in the ap	propriate bo	x in co	olumn 1.	